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Reviewed work(s):

Source: *The British Medical Journal*, Vol. 2, No. 4533 (Nov. 22, 1947), p. 829

Published by: [BMJ Publishing Group](#)

Stable URL: <http://www.jstor.org/stable/25361457>

Accessed: 15/10/2012 07:14

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BORAX AS AN INSECTICIDE

Before the advent of modern synthetic insecticides it was difficult to find any chemical substance toxic to insects which was not dangerous to vertebrates. Arsenicals and fluorine compounds present certain hazards when used against insects living in association with man or domestic animals. However, borax ($\text{Na}_2\text{B}_4\text{O}_7 \cdot 10\text{H}_2\text{O}$) and boric acid (HBO_3) do combine moderate insecticidal activity with low toxicity to mammals. These compounds have been employed in ant baits and as dusts against cockroaches with some effect. But since ants and roaches are difficult to eradicate it would seem advisable to abandon borax for more highly insecticidal materials. Borax and boric acid have been applied successfully to the reduction or prevention of the breeding of fly maggots in manure.¹ Boric acid is more effective than borax, probably because it is more soluble and, weight for weight, contains more boron. The quantities required are $2\frac{1}{2}$ to 3 lb. (1.1 to 1.35 kg.) of boric acid or 3 to 5 lb. (1.35 to 2.25 kg.) of borax per ton of manure. Farmers may view with caution, however, the possibility of building up a boron excess in the fields, especially with cereals which have low boron requirements.

Another use of boron against fly maggots has been reported recently from Australia.² There are a number of blowflies which, apart from the domestic annoyance they cause, are responsible for great losses by "striking" sheep—that is, causing a fatal myiasis. These blowflies can be controlled to a considerable extent by baited traps, but it has been found that the flies breed on the bait in the traps and many maggots escape to renew the natural population. It has been shown that borax added to the baits will prevent breeding in them without destroying their attractiveness.

EMPIRE MEDICAL BUREAU

The Council of the B.M.A. has decided to establish an Empire Medical Advisory Bureau at its Headquarters in London, and we would draw attention to an advertisement in this week's issue inviting medical practitioners with administrative experience and organizing ability to apply for the post of Medical Director of the Bureau, the work of which will be under the general direction of a Committee of Management. It has long been felt both by medical men from the Dominions and Colonies and by those who do their best to help them when they come to this country that there should be one place and one person to whom they can come for advice on the numerous medical and personal matters the solution of which would go such a long way to helping them to make their visit pleasant and profitable. Most medical men from the Dominions and Colonies come to this country with a view to obtaining postgraduate instruction. Great Britain now has a wealth of medical talent and experience which is unequalled in Europe. The reputation of British medicine has probably never stood higher than it does to-day, and we may justly be proud of the fact that some of the fundamental contributions to medical science during recent years have been made by men working in this country. Postgraduate education is now in the process of being put on a more firm footing with the development of the British Postgraduate Medical Federation, under the direction of Sir Francis Fraser. Although the facilities for this work are not yet available, men working in the principal medical centres in Great Britain are always pleased to welcome and to help

the medical man and woman from the Commonwealth and Empire who come here to learn new things. Part of the work of the new Empire Advisory Bureau, therefore, will be to see that the Dominion visitor has all the information he wants about postgraduate study whether it is for the purpose of taking a higher qualification or for learning about new surgical and medical techniques.

In this country we perhaps tend to forget that the Commonwealth visitor arriving in England for the first time feels very much of a stranger, is faced with unfamiliar customs, and is naturally ignorant of those various details that can be so harassing to the stranger. An important part of the job of the Medical Director of the Bureau will be to see that the newcomer is put in touch with suitable lodgings and hotels, receives information about facilities for sport and travel, and is introduced to medical men in this country who are prepared to offer private hospitality. Through members of the Branches and Divisions of the B.M.A. it is hoped also to arrange that the man or woman doctor from the Commonwealth will be greeted as soon as he arrives, whether it is at an airfield or at one of the ports. Here indeed is a job well worth doing and one which will enable the holder of it to play a more than useful part in tightening the bonds that already exist between the medical men of Great Britain and the Commonwealth and Empire.

PURCHASE TAX ON DRUGS

The Chancellor of the Exchequer in his Budget speech on Nov. 12 proposed certain increases in the present rates of purchase tax. The tax on the doctor's traditional black bag will increase from the present $33\frac{1}{3}\%$ to 50% . Most instruments will continue to be free from purchase tax, but the tax on the lamp in cystoscopes and ophthalmoscopes and similar instruments will be increased. More important, however, is the fact that a large number of drugs are likely to become subject to tax at $33\frac{1}{3}\%$ of the wholesale price instead of $16\frac{2}{3}\%$. This increase will affect many of the alkaloids and barbiturates; thiouracil and digitoxin; quinine, mepacrine, and pamaquin; aspirin, phenacetin, and the bromides; cascara, liquid paraffin, and castor oil; and most of the extracts, liniments, tinctures, syrups, elixirs, and the like. Under the Purchase Tax (Exemptions) (No. 2) Order of 1945 penicillin and the sulphonamides, vaccines and sera, cocaine and morphine, and vitamins A, B, C, and D, except in ampoules for injection, are exempt from purchase tax, as are pethidine, procaine, and certain other preparations. The British Medical Association has already protested to the Ministry of Health against this increase in the cost to the patient of a wide range of prescriptions. Many of the drugs affected by the proposed increase in purchase tax are in constant use by the dispensing practitioner. A substantial rise in the cost of these medicines is bound to fall most heavily on the chronic sick. The Association has urged that the whole question should be reconsidered.

The Treasury is clearly interested in the revenue from the taxation of nationally advertised proprietary medicines. Penicillin and the sulphonamides, among other things, have been treated differently. They have not been subject to purchase tax and it has not been thought necessary to alter this exemption. Surely there is a case for widening what Mr. Dalton called the "free list" to include drugs which are just as essential to the treatment of the individual patient. It is illogical to apply a purchase tax to the treatment of toxic goitre or malaria while exempting from tax the treatment of pneumonia or gonorrhoea.

¹ Midgley, A. R., and Dunklee, D. E., *Univ. Vermont State Agric. Coll. exp. Sr.*, 1943, Pamphlet No. 5.

² Waterhouse, D. F., and Fuller, M. E., *J. Coun. Sci. Ind. Res.*, 1946, 19, 321.